

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR  
Cotton Petroleum Corporation

3. ADDRESS OF OPERATOR  
717-17th Street, Suite 2200, Denver, Colorado 80202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
  
660' FSL & 660' FWL Section 3-24N-4W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
6768' GR

5. LEASE DESIGNATION AND SERIAL NO.  
Contract #127

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Apache

9. WELL NO.  
115

10. FIELD AND POOL, OR WILDCAT  
Lindrith-Gallup-Dakota West

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec 3-24N-4W NM P.M.

12. COUNTY OR PARISH  
Rio Arriba

13. STATE  
New Mexico

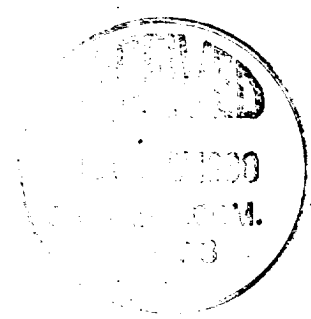
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Installation of Pump Units</u> <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Subject well has been installed with the following pump unit:

- 1) Pump: AX-6 Axelson RHBC 2" x 1 1/4" x 12' x 13' x 16' set @ 7313.00'
- 2) Anchor catcher set @ 6068.90', 12,000# tension, 30,000# shear.
- 3) Stroke length 74 with 8-9 strokes per minute.
- 4) Production after pump installation 80 BO, 25 BW.



18. I hereby certify that the foregoing is true and correct

SIGNED D.E. Wood TITLE Division Production Manager DATE 7-10-80

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

BY [Signature]